

**CHILD IN CARE STATEMENTS/RECEIPTS  
STATE OF MICHIGAN**

Department of Human Services  
Office of Children and Adult Licensing

Child(ren's) Name (Last, First, Middle)

Provider/Caregiver's Name

**NOTE: The information on this form is required to be on record with the child care provider.**

**A. RECEIPT OF DISCIPLINE POLICY (RULE 1804)**

I hereby certify that I have received a copy of the discipline policy that this child care home will be using for my child(ren).

**B. STATEMENT OF CHILD(REN'S) HEALTH AND IMMUNIZATIONS (RULE 1809)**

I state that my child(ren) ☐ is free from health conditions which could pose a risk to other children or adults.  
☐ has no limitations or special needs regarding participation in daily activities.  
☐ has a health or handicapping condition which could pose a risk to my child in care and I have attached a statement indicating the limits of participation and any special needs or treatment while in care.

My child(ren) has completed or is in progress of receiving immunizations and booster as recommended by the Department of Community Health.

☐ YES ☐ NO ☐ If NO, Specify Reason ➤ ☐ Religion  
☐ Other (explain)

**C. RECEIPT OF RULES FOR FAMILY/GROUP CHILD CARE HOMES (RULE 1813)**

I hereby certify that I have received a copy of Michigan's rules for family/group child care homes.

**D. STATEMENT FOR THE PROVISION OF FOOD (RULE 1821)**

It is agreed that \_\_\_\_\_ will be providing the food for my child(ren) while  
(Parent or Licensee's Name)  
he/she is at the child care home.

Parent/Guardian Signature

Date

**SIGNATURE RELATES TO A B C D ABOVE.**

**E. INFORMATION REGARDING ASSISTANT CAREGIVER, AGE 14 OR 15 YEARS (RULE 1802)**

I hereby certify that I have been informed that an assistant caregiver age 14 or 15 years, may be caring for my children.

Parent/Guardian Signature

Date

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.